

EXHIBIT L

TO: David Dwyer, CCM
 JFK Building Suite 2200
 Boston, MA 02203

FROM: David L. Winn, Warden
 3/2/4

Inmate Name: Stern, David G.
 Register Number: 23799-038
 Date: February 27, 2004

Unit Manager/Mail ID: Nancy Patterson
 Institution (Address and Phone Number): FMC Devens
 P.O. Box 880
 Ayer, MA 01432 (978) 796-1000

1. Release City: Newport, Rhode Island
 Supervision District: District of Rhode Island

2. Anticipated Release Date: March 9, 2005
 Method: Good Conduct Time
 Verified by (ISM Staff): Steve Gagnon, ISM

3. Recommended (only one):
 a. Range
 b. Date December 21, 2004

4. If a presumptive parole case, enter the date the pre-release record review progress report was submitted to the Parole Commission: N/A

5. Statutory Interim Hearing Scheduled?
☐ Yes ☒ No ☐ Waived

6. Supervised Release
☒ Yes

Special Parole Term
☐ Yes ☒ No

7. Aftercare Supervision
 Drug Alcohol Mental Health Other REFER TO JUDGMENT AND COMMITMENT ORDER

8. CIM Case: No
 Assignment: N/A

As CMC, I have reviewed the Request for Activity Clearance (404) and the SENTRY CIM Clearance and Separation Data and I recommend the inmate be considered for CCC placement and clearance granted by the Warden.
☒ Yes ☐ No
 Signature of CMC: [Signature]
 Upon signature of the Warden, I will update SENTRY to reflect CCC referral for range/date as listed in item 3 above.

NOTE: The CMC will update SENTRY to reflect specific dates and CCC location code upon notification of acceptance from the CCM.

9. If proposed District of Supervision differs from Sentencing District, has USPO approved? Yes

10. Does inmate have a financial obligation? No.
 If yes, indicate type and how obligation will be paid in item 12.

11. Additional Information, including status of any detainers or pending charge(s) and whether there is a substance abuse history. Inmate Stern has no known detainers or pending charges at this time. According to his PSI, inmate Stern reported never using any illicit drugs. He conveyed that he consumed between one and three drinks per night, but never abused alcohol.

12. Specific release preparation/Pre-natal care needs.
 Inmate Stern completed a \$1,700.00 Assessment fee imposed by the District Court of Massachusetts. He has been encouraged to complete the Release Preparation Program prior to his release. He suffers from Asthma and uses an inhaler when needed.
 There is no indication of any psychological or emotional dysfunction. He should be considered fully employable upon release. Inmate Stern will need CCC placement to aid his lawful integration into society and to develop ties to the community.

13. For MINT Referrals, Date of Delivery:
 14. (a) For MINT Referrals, Projected Date of Return to Parent Institution:
 (B) Proposed guardian:

TO BE FORWARDED WITH THE REFERRAL FORM	NO. COPIES	TO BE FORWARDED TO THE REGIONAL TSM	NO. COPIES
BP-S210, Referral Form	2	BP-S210, Referral Form	1
Current Progress Report	2	Current Progress Report	2
Pre-sentence Report/Violation Report	2	Treatment Summary and Referral Form	2
Community Based Program Agreement	2	Drug Abuse Treatment Programs Agreement to Participate in Community Transition Programming	2
BP-339 CIM Case Information Summary (Non-Separation Cases)	1		
USPO Acceptance Letter	2		
Copy of Latest Notice of Action	2		
BP-351 Medical Evaluation for Transfer of Inmates to CCC Type Facility	2		
Judgment & Commitment Order	2		
Statement of Responsibility	2		

* If the inmate has a diagnosed, ongoing medical condition, such as diabetes or coronary disease, send any pertinent medical records.

Record Copy - CCM; Copy - Institution File; Copy - USPO Sentencing District; Copy USPO District of Supervision
 (This form may be replicated via WP) This form replaces BP-210 November 1995